

57349

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001833**

## GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR  
999000877

② Name ALUMINUM CO OF AMERICA OPERATING UNIT  
EPA NO. CAD0074136651 EPA NO. CAD0050012024  
Address 5751 ALCOA BLVD Phone No. 555-41 Address 900 POTERO GRANDE  
City, State, Zip VERNON 90055 City, State, Zip MONTREY PARK

Name RETURN  
EPA NO.                       
Address                       
City, State, Zip                     

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER: \_\_\_\_\_

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS  
☒ TANK TRUCK ☐ DUMP TRUCK  
☐ OTHER

⑥ WASTE CATEGORY #7 ⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑧ GENERATING PROCESS FERROUS

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.				

⑩ WASTE PROPERTIES: pH 2 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES, POWDER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

Non Hazardous Material 100 %

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

K. [Signature]  
Signature of Authorized Agent and Title

2-13-81  
Date Shipped

## TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.  
EPA NO. CAD028277036  
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392  
CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 2-13-81  
TIME 9:00 ☐ AM ☐ PM

⑯

[Signature]  
Signature of Authorized Agent and Title

2-13-81  
Date

## TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME OKI 6 Inc 18 QUANTITY (If Measured) \_\_\_\_\_  
EPA NO. CAD080012024 19 STATE FEE (If Any) \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑳ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify) \_\_\_\_\_  
☐ Recovery or Reuse ☐ Storage/Transfer

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: \_\_\_\_\_

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: \_\_\_\_\_

㉑ NAME \_\_\_\_\_  
EPA NO.                     

㉒

[Signature]  
Signature of Authorized Agent and Title

2-13-81  
Date Accepted

ORIGINAL